				Complete if Known		
Sul	stitute for form 1449/PTO			Application Number	10/612,753	
18	FORMATION	וח ו	SCLOSURE	Filing Date	July 1, 2003	
STATEMENT BY APPLICANT				First Named Inventor	Bruce G. WARREN	
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	(Use as many sh	eets as	necessary)	Examiner Name	Wanda Z. Russell	
Sheet	1	of	2	Attorney Docket Number	491442011600	

U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		

	FOREIGN PATENT DOCUMENTS							
	Cite	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear			
Examiner Initials*	No.1	Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				T <sup>6</sup>		
	1.	WO-99/48252	09-23-1999	Vixel Corp.				
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Examiner	Date
	Considered
Signature	Considered

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 809. Draw line through cliation if not in conformance and not considered, include copy of this form with next communication to applicant. \*Applicant's unjuse cliation designation number (optional). \*See Kinds Codes of the conformation of the confor

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Examiner Initials	Cite No.1						
	6.	International Search Report mailed March 25, 2005, for PCT Application No. PCT/US2004/022131, filed February 24, 2005, one page.					
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ALTERNATIVE TO PTO/SB/08A/B (Based on PTO 08-08 version)

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Sub	Substitute for form 1449/PTO			Application Number	10/612,753	
IN	FORMATIO	ON DIS	SCLOSURE	Filing Date	July 1, 2003	
	•		PPLICANT	First Named Inventor	Bruce G. WARREN	
٠	IAILMEN	017	II LIOAII	Art Unit	2416	
	(Use as many	sheets as	necessary)	Examiner Name	Wanda Z. Russell	
Sheet	2	of	2	Attorney Docket Number	491442011600	

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Examiner	Date	
Signature	Considered	į l

<sup>\*</sup>EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.